

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re application of:** Rachel Schneerson et al.**Application No.:** 10/559,825**Filed:** December 2, 2005**Confirmation No.:** 1579

**For:** POLY-GAMMA-GLUTAMIC  
CONJUGATES FOR ELICITING  
IMMUNE RESPONSES DIRECTED  
AGAINST BACILLI

**Examiner:** Rodney P. Swartz, Ph.D.**Art Unit:** 1645**Attorney Reference No.:** 4239-68226-07**CERTIFICATE OF MAILING**

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP AMENDMENT, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Attorney or Agent  
for Applicant(s)

Date Mailed November 19, 2008

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COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

**TRANSMITTAL LETTER**

Enclosed is an Amendment and Reply to Non-Final Office Action for the above application. The fee has been calculated as shown below.

CLAIMS AS AMENDED						
For	No. after amendment	No. paid for previously	Present Extra	Rate	Fee	
Total Claims	51	- 51*	= 0	\$52.00	\$ 0.00	
Indep. Claims	3	- 3**	= 0	\$220.00	\$ 0.00	
Mult. Dep. Claims Fee (if not previously paid)				\$390.00		
One-month Extension of Time				\$130.00		
Two-month Extension of Time				\$490.00		
Three-month Extension of Time				\$1110.00		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	

\* greater of twenty or number for which fee has been paid.

\*\* greater of three or number for which fee has been paid.

- ☒ A Supplemental Information Disclosure Statement, a PTO-1449 Form and copies of non-U.S. patent references are enclosed.
- ☒ A check in the amount of \$180.00 is attached for payment of the fee for filing an Information Disclosure Statement.

The PTO did not receive the following listed item(s) a check \$ 180.00 but  
check \$ 120.00


- ☒ Please charge any additional fees that may be required in connection with filing this amendment including any extension of time or excess page charges, or credit any overpayment, to Deposit Account No. 02-4550.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

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